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U.S. Patent and Trademark Office U.S. DEPARTMENT OF COMMERCE

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818)

FEE TRANSMITTAL For FY 2006

Applicant claims small entity status See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 1,220.00)

Complete if Known

Application Number	10/735,181-Conf. #2581
Filing Date	December 12, 2003
First Named Inventor	Yasutoshi Nishimura
Examiner Name	L. K. Bui
Art Unit	3728
Attorney Docket No.	00597/0200639-US0

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify) _____

Deposit Account Deposit Account Number 04-0100 Deposit Account Name Darby & Darby P.C.

For the above-identified deposit account, the Director is hereby authorized to (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues) 50 25

Each independent claim over 3 (including Reissues) 200 100

Multiple dependent claims 360 180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Small Entity Fee (\$)	Fee (\$)
29	- 20 = 9	x 50.00	= 200.00			

HIP = highest number of total claims paid for if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Small Entity Fee (\$)	Fee (\$)
3	- 3 = 0	x 50.00	= 0.00			

HIP = highest number of independent claims paid for if greater than 3.

3. APPLICATION SIZE FEE

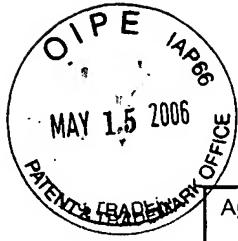
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 = 0	/50 0	(round up to a whole number) x 50.00	= 0.00	



MAY 15 2006

AMENDMENT TRANSMITTAL LETTER				Docket No. 00597/0200639-US0
Application No 10/735,181-Conf #2581	Filing Date December 12, 2003	Examiner L. K. Bui	Art Unit 3728	
Applicant(s): Yasutoshi Nishimura et al.				
Invention: MEDICINE WRAPPING MACHINE, MEDICINE WRAPPING SHEET, AND DIVIDED WRAPPING BAG				
TO THE COMMISSIONER FOR PATENTS				
Transmitted herewith is an amendment in the above-identified application.				
The fee has been calculated and is transmitted as shown below.				
CLAIMS AS AMENDED				
Total Claims 29	Claims Remaining After Amendment 25	Highest Number Previously Paid 25	Number Extra Claims Present 4	Rate 50.00
Independent Claims 3				x 200.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				
Other fee (please specify): Extension for response within third month 1,020.00				
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: 1,220.00				
<input checked="" type="checkbox"/> Large Entity		<input type="checkbox"/> Small Entity		
<input type="checkbox"/> No additional fee is required for this amendment.				
<input type="checkbox"/> Please charge Deposit Account No. 04-0100 in the amount of \$ _____.				
A duplicate copy of this sheet is enclosed.				
<input checked="" type="checkbox"/> A check in the amount of \$ 1,220.00 to cover the filing fee is enclosed.				
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.				
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 04-0100 as described below. A duplicate copy of this sheet is enclosed.				
<input type="checkbox"/> Credit any overpayment.				
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17				
Dated: May 15, 2006				
Gordon D. Coplein Attorney/Agent Reg. No.: 19,165				
DARBY & DARBY P.C. P.O. Box 5257 New York, New York 10150-5257 (212) 527-7717				
Express Mail Label No. _____ Dated: _____				



05-17-06

IFW \$

Application No. (if known): 10/735,181

Attorney Docket No.: 00597/0200639-US0

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Fee Transmittal (1 page)

Three Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)

Amendment in Response to Non-Final Office Action (7 pages)

Amendment Transmittal (1 page)

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